18 Autumn Street bows to progress

A huge crane rips a window and frame from 18 Autumn Street, March 16, during the house's demolition.

Eighteen Autumn Street represented 72 years of Deaconess history and was home to a multitude of Deaconess nurses. It was a symbol of gracious living to all who passed through its corridors and expansive rooms.

When the Deaconess bought 18 Autumn Street in 1903, the original Deaconess building was under construction at the corner of Bellevue and Park Streets. These roads are now called Pilgrim and Deaconess. At the time of its purchase, 18 Autumn Street contained six apartments.

After renovations were complete, its three floors housed single-room dwellings that were set aside for Deaconesses, faculty of the NEDH School of Nursing and supervisory staff. Two common living rooms and kitchen privileges were available to every tenant until vacancy in late 1970.

"The house represented an era of stately living with high ceilings, fire places, sun porches and a graceful curved stairway. When the hospital divided it into single rooms, they left something special for almost every room. Certain rooms had a private bath, a bay window, a private entrance or a walk-in closet," explains Miss Ellen D. Howland, director of nursing.

When Miss Howland was a student, Miss Bertha Johnston, the assistant principal of the school, lived at 18 Autumn Street. Miss Olive Nelson, who became director of the school in 1950, moved to Harris Hall after living at 18 Autumn Street for several years.

During the eleven years that Miss Howland lived in 18 Autumn Street, a host of presently employed nurses resided there. Some of the past residents are: Miss Lois Preston, associate director of nursing service; Miss Marjorie Pond, coordinator of nursing

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pulse

New England Deaconess Hospital Boston, Massachusetts

VOLUME 24 — NUMBER 7 APRIL 1971

Deaconess participates in hospital assembly

The fiftieth annual meeting of the New England Hospital Assembly was held March 28-31 at the John B. Hynes Civic Auditorium and the Sheraton Boston Hotel. The primary goal of the assembly is the exploration of regional approaches to continuing education for hospital and other health personnel. To fulfill its goal, the assembly has provided education programs and services to New England hospitals since its establishment in 1921. The theme for the 1971 New England Hospital Assembly was "Concern for Human Life — Fulfilling a Commitment."

The New England Deaconess Hospital was well represented at both the general sessions and the allied group meetings. On March 30, four employees participated at allied group meetings — one as a moderator, three as guest speakers. Mr. Francis Matthews, employee relations director, officiated at the meeting of the Massachusetts Hospital Personnel Directors of which he is president. More than a dozen NEDH employees attended the personnel director's meeting to hear Riva Poor speak about her recent book, 4 *days*, 40 *hours — Reporting a Revolution in Work and Leisure*. This book is of particular interest to the Deaconess since the hospital is experimenting with the new work system.

Public Relations Director Evans F. Houghton spoke before the New England Hospital Public Relations Association (NEHPRA) on "Public Relations Disaster Planning." Mr. Houghton is NEHPRA's Director-At-Large. Miss Marjorie Pond, R.N. and coordinator of nursing practice, was one of three people to discuss "How an Administrator, Nurse, and Pharmacist View a Unit-Dose Dispensing System Benefitting Patient Care" at the allied meeting of the New England Council of Pharmacists.

Mr. William D. Barry, executive director of the Joslin Diabetes Foundation, Inc., lectured on "The Art and Science of Administration" at the allied group meeting of the Institutional Laundry Managers Association of New England.

In March 31, Mr. Francis Tenore, chief of security, spoke on "Comprehensive Hospital Security Programs" at an invitation-only allied meeting held under the auspices of the Massachusetts Hospital Security Association.

JUST A THOUGHT:

"Action may not always bring happiness; but there is no happiness without action."

Benjamin Disraeli

Pagers useless around metal

If you carry a pocket-page master, does it beep? Do you receive messages from it? Many people using the new pagers find them inefficient or claim that they never work. As these beepers undergo repair procedures in the maintenance and engineering department, it is discovered that they are in fine, operable condition.

The problem of the $250 pocket-page master seems to be that they aren't used properly by some of the people carrying them. Without thinking, many individuals put the page masters in a pocket with metal objects; keys, pens, lighters, tools; or they leave it on a metal desk or cabinet or in a metal drawer. Well, the page masters are inoperable when in contact with metal. So, gentlemen please watch what goes in your pocket besides your page master and ladies please don't put the page master in your purse. The range of the pocket pagers for transmitting messages is within the Deaconess complex. You

(Continued on page 4)

House staff to host second panel

Methods of implementing community health needs constantly tax the minds of concerned individuals. In response to this perplexing situation, the Deaconess House Staff Association will devote their May 7 quarterly symposium, *Controversies in American Medicine*, to community medicine. A panel will discuss "The Specialty Hospital — Its Future Role in the Community" at 5:15 p.m. in Joslin Auditorium, 194 Pilgrim Road.

The credentials and professional experience of the speakers indicate that the symposium panel will offer an enlightening discussion. Mrs. Betty Wornum, assistant director, mental health division in the Model Cities Administration and former chairman of the Roxbury Comprehensive Health Center Board will be the first speaker.

The other two speakers are Dr. W. Bradford Patterson, co-founder of the Roxbury Medical Group, professor of surgery at the University of Rochester Medical School and former member of the NEDH medical staff; and Dr. Leonard W. Cronkhite, president of Health, Incorporated (Boston) and general director of Children's Hospital Medical Center. Dr. William A. A. Foster, medical chief resident at the Deaconess, will moderate the panel discussion.

PROFILE: Miss "Kay" Waters

Each Deaconess visitor is greeted in much the same way — with a friendly smile and a cheerful tone of voice. Doing a great deal of the official greeting on weekdays is Miss Catherine V. Waters, chief receptionist at the Central Information Desk.

Miss Waters, or "Kay" as she is affectionately called by many employees, has welcomed guests to the Deaconess for 43 years. Her NEDH career began when she was a young teenager. As a summer relief worker, she was a receptionist, an elevator operator and a messenger in the Palmer building.

"I had just gotten through grammar school and had to obtain a work permit in order to legally work here!" exclaims the young-at-heart Miss Waters.

It was her mother, Mrs. Catherine Waters, who found Miss Waters a job at the Deaconess. Her mother, who worked in housekeeping, heard about the need for relief help on the Palmer reception desk — at that time the receptionists worked from 7 a.m. - 3 p.m., seven days a week. Miss Waters applied and was accepted for the position.

In addition to her mother, who worked at NEDH for 25 years, Miss Water's aunt, Mrs. Margaret McLaughlin; and her cousin, Mrs. Catherine McLaughlin Killion, also worked in housekeeping. With three relatives employed at the Deaconess, the friendly child had the security of a few familiar faces when she began what is now a life-long career.

After high school, Miss Waters studied at Miss Sherman's Secretarial School for the duration of the two-year course. Even while in secretarial school, she worked as a part-time receptionist.

Shortly after she began working full time, Miss Waters transferred from Palmer to the Deaconess staff and the Deaconess-2 reception desk. As soon as there was an opening on the main desk on Deaconess-1, she transferred there. Occasionally, she worked at the Deaconess-1 switchboard when some of the operators went on vacation.

When the construction was finally completed on the original Central building, Miss Waters moved to the desk at which she still works. In 1962, when Mrs. Ester Prince retired, Miss Waters became chief receptionist.

Orchids, Central Information and Miss Waters are closely associated with each other. The tradition started when Dr. William P. Beetham, ophthamologist, decided that orchids would be a nice additon to the lobby. Since he raises and exhibits orchids at flower shows, Dr. Beetham frequently donates one of his plants or a spray of the flowers to the reception desk. Miss Waters subsequently arranges and tends the orchids which invariably bring a smile to the faces of visitors and employees.

Interesting events occur at the information-reception desk every day. Anyone who loiters there for even fifteen minutes may see a variety of situations evolve and solved. If Miss Waters doesn't have the information available through instant recall, she has it right at her finger tips. With the help of daily lists, she knows who is admitted and discharged every day, who is on the day's operating room schedule, who is currently a patient and who is in what condition.

With one telephone line holding and the other line ringing, Miss Waters efficiently answers questions from visitors and callers. The caller on hold is a mother of a family new to Boston and in search of a family doctor. After channeling the woman in the right direction, Miss Waters answers the ringing line to tell a woman that her cousin is "in the recovery room and in good condition."

Directions and information given out by Miss Waters are precise. For example, one man asks where the Deaconess building is located. Her immediate reaction is to find out exactly where he wants to go and whom he wants to see. With the additional information, Miss Waters gives explicit directions to the man. He subsequently locates his destination without further complications.

A staff doctor walking by the desk sees a white message tag attached to his light switch next to his nameplate on the doctors' in-house board. After asking Miss Waters for the message, he is told, "Doctor, Mrs. Jones would like you to call her when you get back to your office. Also the mail room delivered this package for you."

The doctor's board, located behind the Central Information Desk, lists the names of each staff physician and resident. The medical-staff board has a light switch next to each physician's name and the resident's board has a depressable key next to each name. When a doctor arrives at the Deaconess, he turns on the light behind his nameplate and when he leaves, he turns it off. This system keeps track of what doctors can be reached in the hospital.

When a message comes to Central Information for a doctor, Miss Waters or her co-worker, Miss Linda Murray, places a thumb tack in the resident's depressed key or a message card on the staff doctor's light switch. Since messages conveyed through this method are not urgent, the doctors are not needlessly bothered with them through the page system while they are on rounds.

People and their idiosyncracies delight Miss Waters. Her position in the hospital's main thruway gives her ample opportunity to interact with visitors and employees. Her experiences reflect her compassion for people and her perception of their needs.

Miss Waters, who has a phenomenal capacity to connect new faces with the correct names, glances up from a telephone call and spots a distraught husband as he walks into the lobby. "Mr. McLaughlin, please have a seat and I'll call the recovery room. One of the doctors who assisted with the operation will come down and talk with you," consoles the chief receptionist.

"I couldn't find the recovery room, but I located almost every other place in the hospital," replies the distressed man.

"Well, Mr. McLaughlin you know that you're not supposed to wander aimlessly around the hospital. You just missed your wife's doctor when you came by here the first time. Now please have a seat and someone will come to talk with you," explains the unruffled lady.

A life-long resident of Roxbury, Miss Waters lives with her sister, Grace. They share the domestic responsibilites but Miss Waters does most of the cooking and her sister most of the cleaning.

The ladies are frequent travel companions. During the past two years, the sisters were in California for a month and Bermuda for two four-day tours. Miss Waters also spent time in Puerto Rico last May and traveled to Florida in October.

A lady with many interests, Miss Waters shares most of her hobbies with friends. A bowler, she used to participate in the hospital's team competition. Miss Waters also enjoys hitting a bucket of golf balls at various ranges in the area.

Boston's museums, history and theaters fascinate her. A legitimate theater fan, she not only takes advantage of the oportunities in Boston, but also travels to see an occasional show in New York City. Miss Waters also enjoys reading a good novel.

People's reactions to Miss Waters are similar to her reactions to them — warm and friendly. Several years ago,

Miss "Kay" Waters

Dr. Elliott P. Joslin, founder of Joslin Clinic, and his wife were moving from their home into a smaller apartment. The Joslins were giving some of their possession to "special" people outside the family.

According to Miss Waters, "Dr. Joslin invited me to their house to pick out one of his treasures. He gave me one of their wedding gifts, a sterling blotter with a handle. About a week later, Dr. Joslin came to me and said, 'Mrs. Joslin would like the blotter back for sentimental reasons.' Realizing its meaning as a wedding gift, I gave it back without a second thought," explains the compassionate woman.

"Well, a week later Dr. Joslin brought me a package. It was the blotter. He and Mrs. Joslin had taken it back in order to have it resilvered and engraved from him to me. That is one of the nicest things that has happened to me since I began working here!" she exclaims. As she recalls the incident, Miss Waters' smiling eyes reinforce the happiness in her voice.

Dr. Joslin's action reflects a generalized feeling for Miss Waters by her associates. Few people walk by Central Information without waving or stopping to say "Hi!" Miss Waters helps to make people smile. She helps create the atmosphere of warmth and friendliness which is the Deaconess.

Dress rehearsal prepares BPSC for Los Angeles

The Boston Patient Safety Committee (BPSC) held a dress rehearsal, February 22 in Joslin Auditorium. The 8:00 p.m. event gave the committee members an opportunity to discuss the group's March 18 presentation in Los Angeles.

Mr. Charles Spalding, assistant director of the NEHD Maintenance and Engineering Department, and Dr. Karen Kagey, Peter Bent Brigham Hospital, represented the BPSC at the sixth annual meeting of the Association for the Advancement of Medical Instrumentation, March 16-20. They presented papers during the March 18th session on "Electrical Safety in the Hospital." Mr. Spalding spoke on "The Deviations of Intent" and Dr. Kagey on "The Physicians Concern."

The Association for the Advancement of Medical Instrumentation asked the officers of BPSC to organize and conduct the March 18 session on hospital safety. As chairman of BPSC, Mr. Spalding took charge of the session's organization. He was assisted by Mr. Burton R. Klein, secretary of BPSC and medical-electronic engineer at Tufts' New England Medical Center.

The Boston Patient Safety Committee was formed, April 1970, at a meeting of representatives from seven Boston hospitals. At the first meeting, Mr. Spalding was elected chairman of the new organization. The BPSC exists to investigate and standardize patient safety guides for its member institutions.

Stunts produce evening of fun and entertainment

Student nurses, faculty and a few infiltrators packed the Joslin Auditorium at 7:00 p.m. on March 21 to witness the NEDH School of Nursing's 1971 Stunt Night. From beginning to end, the evening's entertainment produced gales of laughter, an occasional flying banana and many bubbles. The evening's success reflects the sense of humor and talent of each participant.

The evening began with a hilarious presentation of "Faculty Ding-a-ling Awards" by Martha Mitchell, alias Miss Ellen D. Howland, director of nursing; and David Frost, alias Mrs. Marjorie Richardson, first-year instructor. The first award went to the femme fatale of the year, Miss Dior, alias Miss Fern Jewett, third-year instructor.

She was followed by the vocal *Harris Hallies* who gave their personal rendition of "Jamaica Farewell." Their performance evoked peels of laughter as the group calmly tossed fresh bananas into the audience. The second-year instructors who posed as the *Harris Hallies* were: Mrs. Maisie Brangman, Miss Paula Brophy and Miss Stella Kosowicz.

"Cuddle Up A Little Closer" had a new twist in the version sung by the *Sour Lemon Sisters*. Well-deserving of the award for the "most synchronized female vocal group" were: Miss Virginia Diggdon, infirmarian; Miss Phyllis Gaydos, second-year instructor; Mrs. Irene Hamel, senior housemother; and Mrs. Margaret McLean, health coordinator.

The "dynamic democrat," Miss Promising Promising Politician enraptured the audience with her impressions of a prominent government figure. Miss Promising is better known at the NEDH School of Nursing as Miss Judith Farias, third-year instructor. The "Faculty Ding-a-ling Awards" concluded with a dance performed by Miss Twinkle Toes, alias Miss Nancy McKelvey, first-year instructor. She was accompanied at the piano by the talented Miss Frozen Fingers, alias Mrs. Judy Conahan, first-year instructor.

Juniors and seniors combined their talents within their respective classes to treat other Stunt Night participants to the students' view of life. Devils and angels vied for the souls of graduating student nurses in the senior class act, "The Final Evaluation" — naturally the angels won! Experiences in the infirmary were expressed to an audience doubled-over with laughter in the junior class presentation of "In Sickness And In Health."

Other class acts include: "Sugar Witch" starring senior Margaret Kern who enticed diabetics with chocolate bars; "Susie and Billy Speed," a dating couple portrayed by juniors Gayle Irwin and Deborah Hood; and the unforgettable senior Kathy Noyes who entertained the audience at half time by singing two of her own songs.

Stunt Night is an annual spring event for students and faculty in the NEDH School of Nursing. Every year it brings out that "something unique" in its participants. This year was no exception!

Devil Lorraine Duggan, senior, sneeks up on Angel Sara Page, senior, who blissfully blows bubbles as she scampers around Joslin Auditorium. Enjoying the fun are freshmen: (seated l. to r.) Nancy Rettig, Elizabeth Vandemoer, Rosemary Laffin and Margaret Chiudioni.

Angels (front l. to r.) Mary Higgins, Suellen Sleamaker and Sara Page are watched by their heavenly superior, Joyce Cheney, while the senior class portrays "The Final Evaluation."

Presenting the faculty "Ding-a-ling Awards" are Mrs. Marjorie Richardson, first year instructor, and Miss Ellen D. Howland, director of nursing.

Senior class members reacting favorably to an act are: (floor l. to r.) Gail Campbell, Darlene Ratgen, Mary Higgins, (chairs l. to r.) Lorraine Duggan, Patricia Polin and Elinor McCaughey.

A checker board of changes

Space assignments made during March and April are temporary for most departments, but at least three alterations are permanent. One of these changes is the long anticipated move of the systems and planning department. On March 19, employees from this department moved from the fifth floor of 306 Riverway to the Deaconess roof. In its new location, adjacent to the computer room, the systems and planning department is more accessible to everyone in the hospital.

Permanent "on-call" accommodations for interns and residents are nearing completion on Deaconess-3 north. The interns and resident are moving from the busy Deaconess-1 corridor to an area more conducive to privacy. The capacity increases from six to seven sleeping rooms. In addition to the actual sleeping accommodations, the "on-call" interns and residents will have a lounge, recreation area and new bath-shower facilities. By selecting Deaconess-3 north for permanent "on-call" accommodations, the administration specifically considered the fact that the third floor is a direct cross-over for the entire hospital.

Constructon is almost completed on the permanent corridor connecting the second floors of the Deaconess and Central buildings. The Deaconess-2 classroom closed March 19 to facilitate the corridor connection. Weekend classes were reassigned in the Joslin Auditorium. On March 22, a temporary teaching area opened on Deaconess-3 north. This facility was constructed by the maintenance and engineering department during the interim three days.

The permanent second floor corridor, scheduled for a late April completion, will serve the general staff as well as the patients in the Observation Unit. Many patients who go to the Deaconess-2 unit require diagnostic x-ray on Central 2. The connecting corridor will make diagnostic x-ray directly accessible. Up until the time the corridor opens, patients go from the Observation Unit to Deaconess-3, cross the connecting corridor to Central 3 and then go down to Central 2 for diagnostic x-ray.

In mid-March, 18 Autumn Street, which once housed faculty of the NEDH School of Nursing, was torn down. The property will be blacktopped to provide temporary additional parking facilities for hospital employees.

Many departmental space assignments altered temporarily during the past two months to make further renovations possible within the hospital. In early April, the recovery room moved to Deaconess 4 so that the facility on Central 4 can be modernized and expanded. The current capacity of 12 patients will double. In addition, three critical isolation rooms will be constructed. It will be approximately five months before renovations are complete and the recovery room moves back to Central 4.

While the recovery room is located on Deaconess 4, a temporary ramp makes it possible to transport patients from surgery on Central 4 to the recovery room. The permanent corridoor connecting Deaconess and Central 4 requires three steps at the Central building. A ramp will not be necessary after the recovery room moves back to its position adjacent to the Central 4 operating rooms.

Construction on Central 4 necessitated the temporary move of the dialysis unit to Palmer 2. The medical-surgical teaching service also transferred to Palmer 2 from Deaconess-2.

In order to allow constructon to proceed with the medical record department and patient service's reception area, temporary quarters for the former were established on Deaconess-2 in late March. The medical record department will expand through the offices previously occupied by Mrs. Priscilla Tinkham, systems and planning department head, and Miss Ellen Adams, assistant director, on Central 1.

Because Miss Adams and Mrs. Tinkham must move to facilitate the expansion of the medical record department, two new administrative offices are being constructed on Central 1. These are being built where the accounting department and assistant controller were located. Accounting moved to temporary headquarters on Deaconess-4 on March 22.

At the end of March, Mrs. Tinkham temporarily moved to an office in the systems and planning department's new Deaconess roof location. She will be assigned an office on Central 1 within the next few months.

Mrs. Scharbach returns to her German home

Friends and well wishers gathered for a final farewell to Mrs. Hedy Scharbach, Coffee Shop worker, at her retirement party, March 26 in Harris Hall. As a token of appreciation for the service she gave the Deaconess Hospital, Mr. Richard E Lee, director, presented her with a gold spiral pin.

In behalf of Mrs. Scharbach's friends and fellow employees, Mrs. Irma Kellner, director of volunteers, presented her with a gold, red and black flag of Germany. The flag, made by Miss Vera Russell, recreation director for the NEDH School of Nursing, was filled with monetary gifts.

After living in the United States for over 40 years, Mrs. Scharbach returns to her homeland, Germany. She came to this country in 1929. Ironically, she met her German-born husband, Joseph, shortly after arriving in New York City — they had lived within five miles of each other in Germany!

Mr. Theodore Koch, assistant director, wishes Mrs. Hedy Scharbach, retiring Coffee Shop worker, farewell at a party given in her honor.

Mrs. Scharbach moved to Boston in 1936. She came to work at the Deaconess about 12 years ago as a part-time Coffee Shop employee. After her husband's death in 1962, she started working on a full-time basis. Mrs. Scharbach semi-retired in March 1970.

She returns to Oberhausen bei Freiburg, Germany, to live in the same house where she was born. Both her sister, brother and her sister's family live in the Black Forest home. "The house is quite large with plenty of room for us all," explains the pert lady.

Playing the piano, embroidery work and reading are Mrs. Scharbach's favorite pastimes. A traveler, she has returned to her homeland seven times while living in the states.

Besides tutoring her niece and nephew in English and teaching them piano skills, Mrs. Scharbach plans to "take things as they come" during her Germany-based retirement.

Page masters

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will not receive messages, although you may hear the beeps, outside of the immediate vicinity.

If they are in good repair and not around metal objects, pocket pagers work efficiently. In fact, they relay their messages so quickly that many people miss them. After a pager beeps seven times, the operator allows a lapse of five to ten seconds before relaying the message two consecutive times. In order to receive the complete message, the page master must be placed at its owner's ear and the button depressed within a few seconds. Upon receiving the message, the page master's holder then calls the given extension. In the event that the message is not understood, the page operator should be contacted at extension 2611.

Doctors doings

Dr. Thomas J. Anglem, general surgery, and **Dr. William A. Meissner,** chairman of the pathology department, are co-authors of a chapter in the fourth edition of *Cancer: A Manual for Practitioners.* The chapter is entitled "Cancer of the Thyroid and Parathyroid."

* * *

Dr. W. Richard Burack, internal medicine, published an article entitled "The Effect of Thyroxine on Exercise Response in Myxedema," December 1970, in *The Journal of Pharmacology and Experimental Therapeutics.* In September 1970, he published a paperback book entitled *The New Handbook of Prescription Drugs.* Dr. Burack was recently named chairman of Governor Sargent's Drug Formulary Commission.

* * *

Dr. Charles A. Fager, neurosurgery, served as moderator for a panel on "Neurosurgical Operative Incisions and Exposure" at the April 18 meeting of the American Association of Neurological Surgeons, Houston, Texas. He will serve as chairman of the scientific program for the Neurosurgical Society of America, May 9-12 in Sea Island, Georgia.

* * *

Dr. Robert E. Leber, general surgery, gave a lecture on "Characteristics of Ten-Year Survivors After Radical Mastectomy for Carcinoma of the Breast" at Springfield Hospital, Springfield, Mass., on February 20.

* * *

Dr. Leland S. McKittrick, general surgery, was honored at the Roswell Park Lecture of the Buffalo Surgical Society, February 9 in Buffalo, New York. After lecturing on the topic "On Changing Patterns," Dr. McKittrick was presented with the Roswell Park Scroll and Medal "in recognition of his eminent service to his profession and to humanity."

18 Autumn bows

Continued from page 1

practice; Miss Muriel Palmer, head nurse on Central 11; Mrs. Mildred Currie, head nurse on Central 11; and Miss Rose Kozlowski, head nurse on Baker 4.

Nickie, a resident of particular notoriety, was a taffy-colored cocker spaniel. Owned by Miss Pond, Nickie was referred to as "the juvenile delinquent" because he had so many mistresses!

For many years the "Faculty House," as 18 Autumn Street quickly became known, had a beautiful yard. There was not a garden per se, but crocus, lilacs, daffodils, lily of the valley and jonquils bloomed at random inside a protective hedge.

Microbiology: infectious organisms and their containment

Pulse **initiated a series of building-block articles on the NEDH Pathology Department, November 1970. The third part of this article series is the first block to deal with clinical pathology. It contains three of five divisions within microbiology: bacteriology, myco-bacteriology and mycology. Microbiology will conclude in an up-coming issue of *Pulse* with an explanation of serology and parasitology.**

Bacteriology is a study of microscopic organisms. The NEDH Pathology Laboratories focus specifically on two aspects of bacteriology. The continuing surveillance of the hospital environment indirectly affects every patient in the Deaconess. Identification of bacteria as the probable cause of disease directly influences the Deaconess patient.

Approximately once a week, medical technologists take environmental cultures from the operating and recovery rooms and the special and coronary care units. On a rotating basis, cultures are taken from each of the hospital's nursing stations. Environmental specimens are taken by scrubbing the surface of the floor, table or area being tested with a sterile swab. The swabs are placed on a bacteriological media and incubated to see how many and what kind of bacteria are present. If an unusual bacteria count results, a thorough housecleaning is ordered. Further samples are taken until the area meets the Deaconess' high standards for cleanliness.

"Interestingly enough, we recover fewer bacteria from the carpeted areas than from the plain, waxed-tile areas, comments Dr. David Skinner, pathologist in charge of the microbiology division.

A second phase of bacteriology's continuing surveillance of the hospital environment is sterility control. This involves the inspection of equipment after it comes out of the gas or the steam sterilizer. The gas sterilizer is used on rubber goods, respiratory therapy equipment and other products difficult to sterilize with heat. By wiping a sterile swab on a piece of just-sterilized equipment, a sample is taken after each run of the gas sterilizer. The swab is cultured and watched for bacteriological growth.

Sterility controls are also performed on some products packaged by the pharmacy. For example, representative samples of each batch of an injectable drug prepared by the pharmacy, are placed on a bacteriological media. If the sample is sterile, it will not react or grow.

In its major activity of bacteria recovery and identification, the pathology department works directly for patient care. If an infection is suspected, the appropriate specimen is cultured to see if foreign organisms exist. If present, the foreign organisms are identified by their growth patterns and biochemical characteristics. The identification results in a diagnosis and is a treatment guide. For example, blood is frequently cultured when a patient has a fever of an undetermined origin.

Dr. David Skinner, clinical pathologist, watches Mrs. Christine Howard, medical technologist, transfer cultures within a hood that prevents the escape of hazardous organisms.

There are eight sources for specimens tested in the bacteriology laboratory: blood, throat, sputum, urine, feces, spinal fluid, gastric secretions and other body fluids. Of these, urine and blood cultures are made more frequently than cultures from any other single specimen source at the Deaconess.

After a specimen is received in the pathology laboratory, it is spread on two different types of agar media and placed in a liquid medium known as broth. Agar, a gelatin-like substance, is contained in a plastic or glass plate known as a petri dish.

The petri dishes are put into a body-temperature incubator overnight so that the bacteria from the specimen have a chance to grow. The next day, the agar culture plates are examined for the presence and type of growth. If no growth occurs, the specimen is considered s t e r i l e. Approximately 30% of the cultures done in the bacteriology laboratory are negative or sterile.

The broth medium is examined at the same time as the agar plates. A stained smear is prepared from the broth and the organisms growing in it are compared with the growth on the agar plates. There may be a greater variety of organisms present in the broth. If this occurs, the broth is subcultured in a petri dish so that the various organisms can be identified.

If necessary, the bacteria from the broth and petri dishes are further separated into pure cultures and tested for specific biochemical reactions. This separation is done by taking representative colonies of each bacterium and placing them on special media in separate test tubes. Each culture is then incubated and the type of growth or reaction is observed. Occasionally specific anti-serum tests are necessary in order to further identify the bacteria.

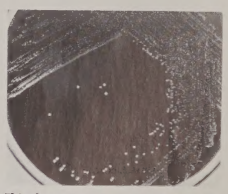
It is extremely important to identify the bacteria causing the patient's problem so the correct drug can be designated for patient treatment. For example, if a sputum culture yields a pneumococcus organism, the patient may be treated with penicillin, but if it yields a Klebsiella bacillus, the patent may be treated with cephalothin.

Antibiotic sensitivity tests are performed on the bacteria to establish the best drug for treatment. These tests are done by placing paper discs, each containing a different drug, on a petri dish freshly innoculated with bacteria. During incubation, the drugs to which the organisms are sensitive will inhibit the growth of the organism around the disc.

Myco-bacteriology, the study of the tuberculosis family of organisms, requires special laboratory procedures and media. Since routine laboratory procedures do not isolate every infectious agent, it is important to know what disease is suspected before laboratory tests begin in bacteriology.

(Continued on page 6)

Miss Carol Ostroski, medical technologist, prepares to transfer a colony of bacterium to a fresh agar plate.



This bacteria colony is an enlargement of the adjacent colony held by Miss Ostroski.

Infection committee protects welfare of NEDH community

Constantly on the alert for potentially infectious agents, the NEDH Infection Committee serves each patient, the community and the hospital. The responsibility vested in this 12-person group is vital to the maintenance of an environment that is free of bacteria dangerous to the hospital community.

The Joint Commission on Accreditation of Hospitals (JCAH) requires control measures to help prevent hospital-associated infections. The Deaconess' multidisciplinary committee meets the standards established by JCAH. It watches the records of each patient to ascertain that alterations in condition are not a result of hospitalization. This is accomplished by conducting routine laboratory tests and comparatively charting the test results. Periodically, the NEDH Infection Committee analyzes the use of antibodies in relation to patient care in the hospital.

When asked, the committee helps the NEDH Health Clinic determine the source of any recurrent employee health problem. It surveys areas related to, but not in direct contact with the patient, such as the laundry, to make sure procedures provide the most sterile results possible.

Sterility control tests are routinely performed on equipment as it leaves the gas and steam sterilizers. The pharmacy, all of the nursing stations, the operating and recovery rooms, the special care and coronary care units undergo routine sterility control tests.

NEDH's Infection Committee reports all environmental surveillance and sterility control test results to the Deaconess' Medical Administration Board. The MAB has the final voice in standardizing the Deaconess' medical policies.

"During the past decade, the Deaconess has had no problem with hospital-acquired infections. This is a tribute to the professional staff, the housekeepers and the nursing department. All groups have worked to establish rules of conduct which serve to protect both patients and the hospital family," comments Dr. John L. Rowbotham, chairman of the NEDH Infection Committee.

As chairman, Dr. Rowbotham, general surgery, is assisted by: Dr. Frederick W. Ackroyd, general surgery; Dr. Theodore L. Badger, pulmonary disease; Dr. Jack Sizer, general surgery; Dr. David Skinner, microbiology; and Dr. William C. Young, surgery.

Also serving on the committee are: Mr. Joseph E. Doherty, executive housekeeper; Miss Ruth E. Pendleton, director of surgical services; Miss Stephanie Kolisnyk, administrative supervisor in nursing service; and Mr. Theodore F. Koch, assistant director. Dr. Robert Kirkman, intern in medicine, and Dr. Edward Grimes, clinical pathology resident, are also committee members.

Microbiology's quest

Continued from page 5

For example, a sputum specimen taken from a patient suspected of having tuberculosis requires special cultivation. The tubercle bacilli grow very slowly and won't develop colonies on ordinary media. Cultivation of the tubercle bacilli takes anywhere from three to eight weeks on a special medium. This is a sharp contrast to most sputum bacteria which takes approximately 16 hours to develop colonies.

Mycology deals with yeasts, molds and fungi. The NEDH laboratory must identify about 50 medically significant fungi and separate these from some 500 medically insignificant fungi. Culturing procedures in mycology vary from those in bacteriology and myco-bacteriology. Large tubes are needed for most of the special media in order to maintain moisture because some fungi, molds and yeasts grow very slowly.

Since some organisms are hazardous to laboratory personnel, the technologists transfers the colonies between cultures in a controlled circulation hood. This hood draws up the mycobacteria or fungi so that it isn't inhaled by the medical technologists. In addition, the hood has a separate exhaust duct with a fine filter that prevents the micro-organisms from escaping into the environment.

The fungus found most frequently through mycology investigations at the Deaconess is Candida albicans. This causes thrush in the mouth, a form of dermatitis and an occasional serious internal condition.

Medical technologists are highly trained specialists who form the foundation of the pathology laboratories at the Deaconess. Using chemicals, reagents and complex instruments, they work with self-sufficient precision. Each technologist must have the knowledge and curiousity to notice when test results are abnormal and need to be rechecked.

Most of the medical technologists at the Deaconess are certified by the American Society of Clinical Pathologists (ASCP). Specialized training is required before a candidate is eligible for the ASCP qualifying examination in medical technology. Given twice a year, the examination requires that the candidate have a college degree and a year's experience in an ASCP and American Medical Association approved hospital school of medical technology.

There are several ways of obtaining the educational background vital to every medical technologist. An individual may enroll in a college or university that is affiliated with a hospital. After completing three academic years at the school, the individual goes through 12 months of structured laboratory and lecture experiences at the hospital. At the end of the 12 months, the student receives his bachelor's degree and becomes eligible to take the medical technology examination.

Some people who are interested in medical technology decide to remain in college for the full four years. After graduation, they affiliate with an accredited hospital school for a year. A third way to enter the field of medical technology is to concentrate post-college studies in one particular field of pathology.

In cooperation with the New England Baptist Hospital and Northeastern University, the Deaconess sponsors a School of Medical Technology. Starting in their sophomore year, students at Northeastern have their cooperative rotation at the Deaconess or Baptist Hospital. Two-thirds of the students have their laboratory education at the Deaconess.

Bacteriology, mycology and myco-bacteriology are three of five parts of microbiology which is one of six divisions in the clinical pathology pillar. Building blocks create a foundation for the pillars of anatomic and clinical pathology. Due to their intricacies, the blocks make pathology a vital force in medical science.

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World Well Lost
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Avery Johns. Mystery

REFERENCE

Encyclopaedia Britannica
1971 edition.

Mr. Baxter joins staff

A new face frequently seen around the Deaconess Hospital is that of Mr. John W. Baxter. Administrative assistant to the executive vice president, Mr. Baxter works wth Mr. R. D. Lowry on long-range planning and special projects. He is in direct contact with the Cambridge Research Institute, NEDH's consultants for long-range planning.

At the Deaconess, there is a concerted effort to detemine the hospital's future in the national health care environment. It attempts to be consistant with the basic goals and trends of other leading hospitals.

A native of La Grange, Illinois, Mr. Baxter came to work in mid-March shortly after receiving his master of business administration from the University of Pennsylvania's Wharton School of Finance and Commerce. Mr. Baxter studied natural sciences during his undergraduate years at the University of Pennsylvania.

Still settling his Brighton apartment, Mr. Baxter looks forward to the time when he can acquaint himself with the Boston area. In his free time, he plays bridge and the piano. He also enjoys sailing, skiing and traveling.

Dr. Ackroyd to be in-service speaker

On May 5, the department of surgical services' in-service education program will present a lecture on "Hospital Care in Vietnam." Dr. Frederick Ackroyd, general surgery, will speak on the topic at 2:00 p.m. in Joslin Auditorium. All interested employees are encouraged to attend the afternoon session.

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pulse

The New England Deaconess Hospital Complex, including the Medical Office Building at One Ten Francis Street, Lahey and Overholt Thoracic Clinics, the Joslin Diabetes Foundation, Inc., the Cancer Research Institute and the Shields Warren Radiation Laboratory, is internationally known for diagnosis, treatment and research in general medicine, brain and chest surgery, cancer and diabetes.

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STUNT NIGHT: See article on page 3.

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